

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 8 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14735  
Registrar's No. 249

Registration District No. 132

Primary Registration District No. 3021

1. PLACE OF DEATH:

(a) County Grunny  
(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 300 West 7th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 357 em (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John H Chaney

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amanda Chaney

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Dec 15, 1854  
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Harrison County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Geo W. Chaney

13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name May E. Hudson

15. Birthplace Unknown Danvers  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Whorton

(b) Address Trenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Male, Grace Trenton Mo

18. (a) Signature of funeral director Raymond A. Harris  
(b) Address Trenton, Mo

19. (a) 4-18-44 (b) R. D. Roberts  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grunny  
(c) City or town Trenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 West 10th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st to April 14th 1944  
that I last saw him alive on April 1st 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypoearditis  
Due to Do not know

Due to Do not know

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Chas R. Roberts (M.D. or other) M.D.  
Address Trenton, Mo Date signed April 14th

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*John M Robertson*  
working under my personal supervision.

Registered Apprentice No. *355*

Signed

*Raymond A. Blais*  
Licensed Embalmer No. *3422*

P. O. Address *Trenton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**